

Van Meter Public Library

Summer Reading Volunteer Form

Date: _____ Name: _____

Parent/Guardian Name (*if under 18yrs*): _____

Date of Birth: _____ Gender (circle one): Male Female

Address: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Information: _____

Please fill out the days and times you are available to volunteer:

____ Monday Hours Available: _____

____ Tuesday Hours Available: _____

____ Wednesday Hours Available: _____

____ Thursday Hours Available: _____

____ Friday Hours Available: _____

____ Saturday Hours Available: _____

Comments or additional information: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if applicant is under 18 years of age)

Van Meter Public Library

Summer Reading Sponsor Form

Date: _____ Name: _____

Phone: _____ Address: _____ Zip: _____

What would you like to sponsor?

☐

Program

(To sponsor a particular program, specify here) _____

☐

Prize(s)

(To sponsor or donate a particular prize, specify here) _____

☐

Cash

Amount: _____

When you submit this form, you will be contacted by the director to discuss and finalize your sponsorship. Any questions can be directed to Dorothy Knight | 515-996-2435 dknight@vanmeteria.gov

Submit to:

Mail

Van Meter Public Library
PO Box 160
505 Grant Street
Van Meter, IA 50261

Email

library@vanmeteria.gov